Patent Attorney Docket No. 450100-04851 In re Patent Application of ) Atsushi MAE ) Group Art Unit: 2621 Application No.: 10/539,154 Examiner: Hung O. DANG Filed: June 16, 2005 Confirmation No · 2743 For: RECORDING APPARATUS, RECORDING METHOD FOR RECORDING MEDIUM, AND PROGRAM FOR RECORDING METHOD FOR RECORDING MEDIUM ) AMENDMENT/REPLY TRANSMITTAL LETTER Mail Stop Amendment Date: February 17, 2009 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Enclosed is a Supplemental Amendment for the above-identified patent application. A Petition for Extension of Time of one month is enclosed. Terminal Disclaimer(s) and the 
\$\sum \\$70 \$\sum \\$140 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed. Also enclosed is /are . Small entity status is hereby claimed. П Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$405 \$\infty\$ \\$810 fee due under 37 C.F.R. \\$ 1.17(e). Applicant(s) request that any previously unentered after final amendments not be entered.

Continued examination is requested based on the enclosed documents identified above.

Applicant(s) previously submitted \_\_\_\_\_\_\_ on \_\_\_\_\_\_ for

, which does not exceed three months from the filing of this RCE, in

Applicant(s) requests suspension of action by the Office until at least

which continued examination is requested.

	accordance with a	37 C.F.R.	§ 1.103(c). T	he require	ed fee under 37 (	C.F.R. §1.17	(i) is
	A Request for Entry and Consideration of Submission under 37 C.F.R. $\S 1.129(a)$ (1809/2809) is also enclosed.						
$\boxtimes$	No additional claim fee is required.						
	An additional cla	im fee is r	equired, and i	s calculate	ed as shown belo	w:	
		AMEN	DED CLAIMS	3		T	
		No. of Claims	Highest No of Claims Previously Paid for	Extra Claims	Rate	Addi	tional Fee
Total Claims		9	20	0	x 52 (1202)	\$	0
Independent Claims		3	3	0	x 220 (1201)	\$	0
If multiple dependent claims are presented, add \$ 390 (1203)						\$	0
Total Claim Amendment Fee						s	0
Small Entity Status claimed - subtract 50% of Total Application Fee						\$	0
FOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						s	0
Chargeto Deposit Account No. 50-0320 for the fee due.  A check in the amount of is enclosed for the fee due.							
	Charge to credit card.						
$\boxtimes$	The Director is he 1.17 and 1.20(d) a overpayment, to I	and 1.21 tl	nat may be rec	uired by	propriate fees un this paper, and to	der 37 C.F.I credit any	₹. §§ 1.16
			Respectfull	y submitte	ed,		
			Frommer L	awrence 8	Haug LLP		

Ellen Marcíe Emas Registration No. 32,131

Date: February 17, 2009